## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number:   000056436	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Practitioners associated with the Customer Number:			000056436					
Assignee Name and Address:  3Com Corporation 350 Campus Drive Marlborough, MA 01752  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this form is used. The statement under 37 CFR 3.73(b) for the assignee, and must identify the application in which this power of Astorney is to be filed.  SignAture Date / 31/0 C	OR			<u> </u>			j		
as atomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  OR  The address associated with Customer Number:  O00056436  Outproving Telephone  Assignee Name and Address:  3Com Corporation 350 Campus Drive Mariborough, MA 01752  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Date / 31/0 C  Telephone 508-323-1175	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
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The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  State  Zip  Country  Telephone  Email  Assignee Name and Address:  3Com Corporation 350 Campus Drive Marlborough, MA 01752  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature  Signature  Date / 3 / O C  Name  Julie 9 Petrini  Telephone  508-323-1175	any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents								
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	Name Julie 9. Petrini					Telephon	<del></del>	1175	
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.